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15-0210

01/05/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Brian L. FELSMAN et al

Serial No.: 09/608,614

Filed: June 30, 2000

For: SYSTEM AND METHOD FOR RELIABLE MULTICAST
DATA DISTRIBUTION OVER AN UNRELIABLE
PACKET SWITCHED NETWORK

Art Unit: 2143

Examiner: Mitra Kianersi

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Technology Center 2100

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 29, 2003

Sir:

This is in response to the first Office Action of September 26, 2003. Please
amend the above-identified application as listed below and as set forth on the
following pages:

Amendments to the Specification and Abstract

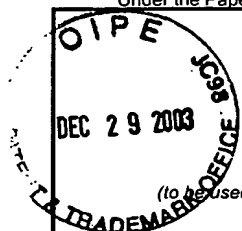
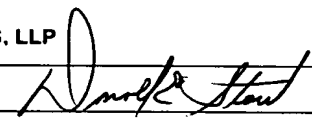
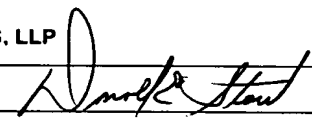
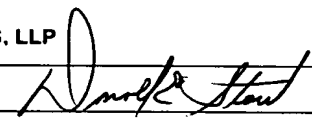
Amendments to the Claims

Remarks are included following the amendments

01/05/2004 10:00:00 00000002 012135 09608614

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 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/608,614												
	Filing Date	June 30, 2000												
	First Named Inventor	Brian L. FELSMAN et al												
	Group Art Unit	2143												
	Examiner Name	Mitra Kianersi												
Total Number of Pages in This Submission	Attorney Docket Number	199.38514X00												
<p align="center">ENCLOSURES (check all that apply)</p> <table border="1"> <tr> <td> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (23 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ </td> <td> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> </tr> </table>			<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (23 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):									
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Remarks		<p>RECEIVED</p> <p>DEC 30 2003</p> <p>Technology Center 2100</p>												
<p align="center">SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <table border="1"> <tr> <td>Firm or Individual Name</td> <td colspan="3">ANTONELLI, TERRY, STOUT & KRAUS, LLP</td> </tr> <tr> <td>Signature</td> <td colspan="3">DONALD E. STOUT, REG. NO. 26,422 </td> </tr> <tr> <td>Date</td> <td colspan="3">December 29, 2003</td> </tr> </table>			Firm or Individual Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			Signature	DONALD E. STOUT, REG. NO. 26,422 			Date	December 29, 2003		
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Date	December 29, 2003													

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name			
Signature		Date	December 29, 2003

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